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[No. 10.

### INTERESTING CASE OF ANEURISM NEAR THE ORIGIN OF THE AORTA.

Philadelphia, 109 S. Tenth st., }  
May 14th, 1844. }

MY DEAR SIR:—The subject of the following case, which has been well drawn up by Drs. Burwell and Carey, at the time resident physicians of the Philadelphia Hospital, was presented by me, on more than one occasion, to the clinical class during the last session, and excited great interest and attention, not only among the members of the class but among the different physicians attached to the Institution, and the medical gentlemen who visited it. The remarks which I made to the clinical class have been given in epitome in the Examiner, for Feb. 10, and for April 6, 1844. Accurate and creditable as these reports are to the gentlemen who prepared them, they are necessarily, however, imperfect. An interesting point in the case was the presentation of the tumour on the left side of the sternum, and the consequent difficulty in discriminating as to its source, whether aortic or cardiac. It was even doubted at one time, by intelligent observers, whether the fluid contained in the tumour were not pus, and whether the heaving expansive movement might not be owing to the pulsations of the heart being communicated to a purulent collection seated anterior to that viscus. Little doubt, however, could exist in regard to the aneurismal character of the tumour; but the difficulty was to decide as to its origin: whether it were a partial aneurism of the heart, or an aneurism originating at the very commencement of the aorta and passing in front of the heart. The result shewed that it was the latter; and the very position of the aneurismal tumour, situate wholly on the anterior or right heart, sufficiently explained the difficulty of diagnosticating between the two.

In many cases of aneurism of this nature, the rupture of the parietes takes place either into the pericardium, or into the right heart. In this case, the cavity of the pericardium was obliterated by the passage of the tumour along the anterior heart, and by the consequent adhesions; whilst around the posterior it was universally and closely adherent. Where the aneurism came in contact with the parietes of the right ventricle, these were only a line in thickness, so that it is somewhat singular, that the aneurism did not burst into that cavity, under all the difficulties in the absorption of soft parts, cartilages, and bones, which interfered with its progress towards the surface. The pressure of the aneurism on the right ventricle, and the consequent impediment to its action, may account for the hypertrophy of other portions of the parietes of that cavity.

The harsh and loud sound—louder, it seemed to me, than I had ever heard accompanying the second sound of the heart—was the cause of much embarrassment. This sound was heard most strongly over the tumour,—decidedly more so than over the semilunar valves, the closure of which, by the refluent blood, in the diastole of the ventricles, is generally

presumed to be the cause of the normal second sound of the heart. The fact of the greater intensity of sound over the tumour induced me to suggest to the class, that the aneurism might proceed from immediately above the semilunar valves, so that the sound of those valves in action was conveyed immediately to the ear through the aneurismal tumour. I am, however, in great doubt, not only from this case, but from many others which I have witnessed, whether many of these loud sounds accompanying the dilatation of the heart are really seated in the semilunar valves. In this case the valves were not materially altered, and although they might have admitted of some degree of regurgitation, it could scarcely have produced so loud a sound as was heard during the diastole. Moreover, both sounds of the heart could be distinguished on auscultating the dorsal region of the thorax; and the loud sound accompanying the second sound was probably caused, as in other cases of chronic endo-aortitis, by the blood in the aorta reflowing towards the heart during the diastole, and passing over the lining membrane roughened by ossific and other depositions. It could scarcely be caused by the refluent blood from the aneurismal tumour in its passage into the aorta.

The day before the man died,—becoming weary of existence, and believing until the last, that the tumour was one from which he might be relieved by an opening made into it,—he passed in a pin, up to the head, and moved it about in all directions. Owing to the copious depositions of fibrin near the surface, this operation was not followed by any hemorrhage: sometime afterwards, however, as will be seen from the report, several ounces of blood were lost.

I am, my dear Sir, very truly yours,

ROBLEY DUNGLISON.

Professor R. M. HUSTON.

[Reported by Drs. Burwell and Carey, Resident Physicians.]

John Kissal, aged 50 years, born in Philadelphia, and a sailor by occupation, entered the Medical Wards in December, 1843, complaining of disease of the heart. He is about 5 feet 4 inches high, with brown hair and light-blue eyes; emaciated; his countenance is expressive of the greatest anxiety; face and lips moderately livid, and with some œdema of lower eyelids. He is obliged to be kept raised in bed all the time, and is unable to assume the recumbent position, or to lie on either side.

He says he has been a healthy, hearty man, with the exception of having the ague, until about five years ago, when he was confined to his bed from six weeks to two months with acute articular rheumatism, affecting nearly every joint in his body. It was nearly a year after this before he could get out to work. He cannot say that at this time he felt any particular uneasiness about the heart. He does not recollect that he was short-breathed before the attack of rheumatism; but afterwards he remembers distinctly of being short-winded on running, and when engaged in fishing. With this exception he enjoyed

excellent health until eighteen months ago, when he experienced some pain in the right side, which afterwards shifted to the left side with increased difficulty of breathing, and for which he came to the Hospital, expecting soon to be cured.

A diagnosis of valvular disease with cardiac dropsy was then made. He remained in the wards all winter, and was sent out in May last to another ward, where he has since been. He now complains, —1st. Of constant and severe pain in the region of the spine between the shoulder blades, which constitutes his greatest suffering. The parietes of the chest anteriorly, in the region of the heart, are very tender on percussion.

2dly. Of dysphagia, sometimes confined to that portion of the œsophagus opposite the heart, and at other times experienced all through the tube.

3dly. The respiration varies much. Some days it is only thirty-two in a minute; on others it is as high as sixty, and then exactly synchronous with the pulse. It is generally short, with inability to hold the breath long.

4thly. The action of the heart is regular and labouring, and the spiral movement of systole is well shown, being from left to right.

5thly. The impulsion corresponding with the action of the heart is heaving and strong in a marked degree. The most marked impulsion is perceived in a small tumour, which formed during the last month between the 3d and 5th ribs on the left side and just at the margin of the sternum. The cartilage of the fourth rib seems to be pushed aside or partially absorbed; the sternum is tilted up by it. This tumour is accompanied with great prominence of the praecordial region, all of which is seen to heave with every impulsion of the heart. There seems to be a withdrawal of the apex of the heart from the region below the nipple, at every beat, with a very sensible retraction or drawing in of this part of the chest; but upon applying the fingers there, the beat can be felt during the systole.

6thly. The pulse beats from 64 to 80 in a minute. It is hard and tensely prolonged except when the patient is under some excitement, when it becomes softer and smaller. There is no pulsation in the veins of the neck, nor are they at all prominent: neither abnormal pulsation nor thrill can be felt behind the top of the sternum nor in the carotids and subclavians.

7thly. Percussion is resonant throughout the right lung anteriorly, and under the clavicle of the left side; but it is perfectly flat in most of the space between the third rib left side, and the base of the chest, and from the middle of the sternum to near the left nipple.

8thly. There is a very well marked thrill felt with the diastole of the heart in the pulsating tumour and to the left of it for two inches. It is less marked under the left clavicle and upper half of the sternum and at the apex of the heart. There is little or nothing of this during the systole.

9thly. The first sound is confused, short, and rumbling, and much confounded with the impulsion. It can be heard loudest over the tumour: over the sternum between the 2d and 3d ribs of both sides it has a slight bellows character as heard through the stethoscope in addition to the rumbling sound.

10thly. The second sound is a hoarse, distinct rasp, and prolonged throughout the interval. It is distant, and on a low key, like whispered *hoo*. It can be heard loudest over the tumour, then over the sternum between the third and fourth ribs, making with the first sound, a saw sound in this region. It is also heard over the lower portion of the sternum, and in the

region of the apex of the heart, but fainter than above the tumour. It is accompanied everywhere with the thrill before spoken of.

Both sounds of the heart can be heard posteriorly between the scapulae, rather louder on the left side than on the right—the first sound clear, and the second roughened. They both sound distant and feeble in this place.

11thly. He has considerable anasarca of the lower limbs, which varies much in amount at different times.

February 27th.—The patient's condition remains much the same. The tumour is gradually enlarging, and has now become about two inches in diameter at the base; it is acuminate, and its end is becoming a little red and violet coloured. The impulse in the tumour is expansive from the centre, and extends to the parietes of the chest about it. The sounds of the heart above the tumour are as before, but less loud near the apex. In other respects, the man is as comfortable as could be expected. His appetite is good and bowels regular.

The pain in the back, the tenderness of the chest, the anxiety, and blueness of countenance, and hurried respiration all remain the same. He is comfortable only when under the use of laudanum.

March 16th.—The respiration and pulse each amount this morning to 84 in the minute. The beats of the heart are regular and of good force. The tumour has enlarged rapidly the last four or five days. Its lower surface is abrupt, whilst the upper and that to the left side are shelving off towards the left axilla, raising very sensibly the parietes of the chest. The pain is most severe, as it has always been, in the back, about the 6th, 7th, and 8th dorsal vertebræ, which are tender to pressure. The chest is very sensible to the air, and its exposure for some minutes causes him more pain than moderate pressure with the fingers. The lower limbs are again becoming quite anasarca; urine decidedly albuminous.

April 8th.—The tumour has now assumed an elliptical form, extending from an inch and a half to the left of the nipple to the right side of the sternum, and from the 3d to the 6th rib. It is most acuminate over the junction of the fifth rib with the sternum, and begins here to look black. A second tumour is apparent to the right of this, near the right margin of the sternum, in which the impulsion is felt as in the first tumour, it being in fact but a part of this.

The man's countenance appears decidedly worse than a week ago. It has become anasarca. The anasarca has affected the scrotum, and increased correspondingly in the legs and thighs. Abdomen not examined.

April 12th.—Anasarca general, abdomen tense, slight oozing of blood from the livid spot in the centre of the tumour.

April 20th.—The patient's sufferings seem to have increased since last date. Pulse 64. Respiration 30. The tumour now measures twelve inches laterally, extending from the nipple on the right side to two inches beyond the nipple on the left; eight inches from one inch below the top of the sternum to the ensiform cartilage; and five inches from the apex to the level of the sternum. The livid spot at the apex is three inches in diameter, and its margin well defined.

April 22d.—The patient says he accidentally stuck a pin into the tumour, but after it had entered as far as the head, he moved it about to enlarge the aperture. Upon withdrawing the pin, blood did not follow immediately.

12. P. M.—There has been a gush of blood (f. 3 viij.) which was checked by slight pressure.

April 23d.—He expired at one o'clock this morning, with comparative ease, and with no further hemorrhage.

*Necroscopy thirty-three hours after death.*—The tumour has subsided in some degree. Much infiltration of the lower extremities. Dulness on percussion at the base of tumour, but extending no great distance from it. Commencing at the sternal extremities of the clavicles, incisions were made through the integuments along the junction of the ribs with their cartilages. To obtain a view of the tumour *in situ* it was found necessary to cut off three or four inches of the ribs. Some effusion existed in the right pleura; the right lung was healthy. Slight effusion in the left pleura, and general adhesion between the pleura costalis and pleura pulmonalis, with the exception of the upper lobes. The left lung was adherent to the pericardium; and compressed and consolidated at its posterior and lower portion. All the large vessels being tied some distance from their origin, were cut off beyond the ligatures; the tumour with the heart was removed; the pericardium was universally adherent to the heart; the measurement of the heart, from the base to the apex was 6 inches. The walls of the right ventricle were half an inch thick, except where the aneurism came in contact with them, and there they were only a line in thickness, exclusive, of course, of the columnæ carneæ, which seemed enlarged. The walls of the left ventricle measured three quarters of an inch. The circumference of the mitral valves was five and a quarter inches. That of the tricuspid five inches. Septum between the ventricles half an inch. The lining membrane of the heart presented a pale appearance. Slight adventitious deposits with appearance of recent inflammation upon the corpora Arantii. One of the semilunar valves of the aorta was slightly bound down, measuring a line less at its base than the others. These valves were, however, comparatively healthy. Numerous ossific deposits along the aorta. From just beyond the sinus of Valsalva in the aorta, an aperture an inch in diameter presented itself: this was the opening of an aneurismal sac, which involved the coronary artery, and passed beneath the pericardium over the right side of the heart. It was a true aneurism, extending along the heart and intimately connected with it until it came opposite the 4th, 5th, and 6th ribs at their junction. An inch of the whole sternum, and two inches on either side above, with the cartilages of the 5th, 6th, and 7th ribs, were eroded and absorbed. The sac would contain nearly a quart. The blood in the anterior portion of the sac was recently coagulated. There were laminæ of fibrin as usually seen in the interior of aneurisms.

conceal the deformity, she has been in the habit of keeping her face "tied up" in a handkerchief; con-

Fig. 1.



sequently, but little motion being allowed the lower jaw, this partial rest of the organ, persevered in for more than six years, has produced a permanent contraction of the masseter muscles on each side, so that scarcely any motion exists in the temporo-maxillary articulations, and it is impossible to introduce any substance more than the sixth of an inch in thickness between the upper and lower jaw. Her speech is, of course, very much impaired, and all her food is reduced to the smallest possible bulk, or taken in the shape of liquids. Her general health is excellent.

The first indication in such a case was, obviously, to obtain as much motion in the articulations of the lower jaw as possible; and this could only be accomplished by increasing the space between the maxillary bones. To accomplish this, it was deemed best to divide the masseter muscles, (the entire muscle on the left, and what remained of it on the right side,) and then separate the bones by a lever of some kind. Accordingly, on the first Wednesday in March, that being the regular clinical day at the College, she was brought before the class, and the operation performed with a common scalpel, the muscles being divided from *within*, and the edge of the knife carried obliquely downwards and outwards. The wounds were dressed with dry lint, and, on the second day, the lever of Heister was employed to separate the jaws. Each day the screw was turned a thread or two; and, after the lapse of two weeks, the patient was enabled to protrude her tongue without difficulty,—a thing utterly impossible when the treatment was commenced,—and the space between the teeth, when the lower jaw is depressed, is nearly an inch. She has, of course, free motion in the part, and chews her food without much difficulty.

The most difficult part of the treatment still remained to be accomplished; and on Wednesday, the 23d inst., she was again brought before the class, for the purpose of having this put into execution.

After carefully considering the different operations usually performed in such cases, I adopted the following plan:—Having first extracted the useless teeth of the upper jaw, which, from their irregularity, would have materially interfered with the proper adjustment of the flaps, and, besides, by their sharp-

#### EXTENSIVE MELOPLASTIC OPERATION.

BY THOMAS D. MÜTTER, M. D.,

Professor of Surgery in Jefferson Medical College, &c.

In the month of March, 1842, A. T.—, aged 30, of Clearfield county, Pennsylvania, applied to me for the relief of a distressing deformity, occasioned by the abuse of mercury. About six years before I saw her, she had been most severely salivated for bilious fever; and, in consequence of ulceration attacking the right cheek, nearly the whole of this portion of the face was destroyed. The extensive loss of substance is well represented in fig. 1. To

ness, possibly caused ulceration and sloughing of the tissues forced against them, I proceeded to detach the integuments by which the opening in the cheek was surrounded. The edge of the scalpel was directed towards the bone, and the incisions carried sufficiently far to allow the margins of the wound to be approximated to a considerable degree. This callous margin, formed of the "inodular tissue," was then carefully pared off with a bistoury, in order to obtain, if possible, union by the "first intention" between the edges of the flaps. An effort was then made to close the wound, by sliding the detached integuments, from all sides, towards the centre, but they refused to yield, and it became necessary to make the incisions indicated by the dotted lines in fig. 2. By these incisions, *four flaps* were formed, and detaching them carefully from the

Fig. 2.



subjacent parts, we found no difficulty in uniting them at a line which indicated the longest diameter of the opening. The twisted suture was employed, and the wound presented, after their introduction, the appearance exhibited in fig. 3. To support the whole, one or two straps were passed over the points

Fig. 3.



upon which their was most strain, and overall a thin pledget of patent lint was laid, and the patient placed in bed. The hemorrhage was comparatively trifling, but few arteries requiring the ligature; and the operation, though painful and tedious, was borne by the patient without a murmur.

24th. Patient passed a good night; has no fever, but slight headache, and warm surface. The wound is cool, and but slightly tumefied; bowels not opened. Ordered an enema of salt and water, &c., and no food or drink to be taken. Of course no attempt at speaking has been allowed.

25th. Patient more comfortable; skin moist; no fever; thirst; enema had operated well; allowed to swallow a mouthful or two of water.

26th. Removed the top dressings, and found the flaps cool and united perfectly, with the exception of an opening, about the size of a small shot, in the centre of the cheek. General condition of the patient same as on the 25th. Ordered gruel and cool water every hour or two, and also an enema, as the bowels were not opened the day before.

28th. Removed needles; parts adhered, except just at the centre of the wound.

30th. Touched the edges of the orifice with argent. nit., and applied a cerate cloth.

Simple dressings, with the application of the caustic, were continued for several days, but the little wound refused to contract or granulate; and I therefore freshened the edges with the scalpel, and drew them together with a twisted suture. Union, by this plan, was speedily accomplished, and my patient relieved of a most shocking deformity.

Fig. 4.



## REMARKS.

There is probably no defect, for the removal of which "plastic surgery" is required, more difficult to remedy than an extensive opening in the cheek. On this point, Dieffenbach, Blandin, Roux, Liston, Zies, and, indeed, all surgeons who have directed their attention to this department of surgery unite in opinion. To Delpech and Lallemand the credit of being the *first* to make an attempt at relieving the deformity is usually rendered; although Franco, in all probability, is better entitled to it. Several operations have been devised for the defect in question; but it must be obvious that, while certain *general* rules of action may be laid down, no one series of details will answer in every case.

*Lallemand's Method.*—The plan usually resorted

to in cases of partial destruction of the cheek, unless the opening is very small, is that proposed by Lallemand. In this operation, after having first freshened the edges of the wound, a flap is taken from the adjacent integument of the neck, *turned upon its entire pedicle*, by which means torsion is obviated, and then attached by the twisted suture to the margins of the wound it is intended to occupy. The accompanying figures, taken from one of my cases, illustrate the steps of this operation better than language can describe them.

Fig. 1.



Fig. 2.



In Lallemand's case, there was much difficulty experienced, from the restive disposition of the child, but the operation eventuated successfully. From the fact that, in this method, the base of the flap is subjected to very slight torsion,—the great obstacle to success in most cases of plastic surgery,—it has found many advocates, and is to be preferred, in my opinion, whenever practicable, to any other.

*Dupuytren's Method.*—Dupuytren, in cases similar to the above, was in the habit of taking his flap from the most convenient parts, but often *twisted it upon its base*, as is done in some forms of the Rhinoplastie operation; and, according to his statement, with the most perfect success. There is more

danger of sloughing, of course, when the flap is subjected to torsion, and, although the method has been followed by successful results, yet it should never be employed when the operation of Lallemand can be carried into effect.

*Gensoul's Method.*—In a case of most extensive destruction of the cheek, Gensoul, of Lyons, succeeded in relieving the deformity by an operation somewhat different and more simple than those described. After extracting the teeth, which were irregular and in the way, and freshening the edges of the wound, he detached the integuments from the subjacent parts above, below, and over the masseter muscle, and then, by sliding the flaps, caused them to unite about the centre of the opening. The success of this operation was most gratifying, and induced me to attempt its execution in the case reported, but the adhesions between the integuments, muscles, and bones, were so firm as to oblige me to prefer the modification of it already described. When the opening in the cheek is small, this operation must answer a most excellent purpose. A similar case occurred to I. N. Roux, and was relieved by an operation almost identical with that of Gensoul.

*Method of Prof. Roux, of the Hôtel Dieu.*—Prof. Roux has succeeded, by a most ingenious method, in relieving a deformity of the cheek so vast that all other operations appeared to offer but little prospect of success. His plan consists in procuring the required portion of integument from a distance, and gradually carrying it, by *separate operations*, to the defective spot. By this *migratory process*, as it is termed by Blandin, Roux cured the deformity of a girl who had lost a portion of the left side of the upper lip, the corresponding ala of the nose, and part of the cheek. The flap was taken from the lower lip, and first attached to the upper, and then subsequently transferred to the cheek. The patient was under treatment a year, and submitted to several *severe operations*.

*Method of Dieffenbach.*—In those cases where the flaps are made to approach each other without difficulty, Dieffenbach, to relieve them from the strain, and thus obviate the danger of separation of the wound after the sutures are withdrawn, has been in the habit of making an incision across the base of the flap, as first advised for *other operations*, in which the parts are too tense, by Thévenin.

In the case from which the following drawing  
Fig. 1.



were taken, I adopted the plan of Dieffenbach in part, and with the most decided benefit. After freshening the edges of the wound, I drew them together, and made the incision indicated by the dotted line in fig. 2. All strain was thus taken off the flap; and, inasmuch as this was attached by its extremities,

Fig. 2.



and could thus be well supplied with blood, I made the cut as soon as the wound in the cheek was closed.

My operation in the first case, differs, in many respects, from those just described, although it resembles, somewhat, that of Gensoul; but future repetition must prove whether or not it is to be preferred.

#### CLINICAL LECTURES AND REPORTS.

##### DISPENSARY OF JEFFERSON MEDICAL COLLEGE.

PROFESSOR BACHE'S CLINIC (MEDICAL.)

[Reported by Edward R. Squibb.]

Wednesday, April 24, 1844.

**CASE I.**—Ann McG., *æt. 28.* Complains of pain and swelling of the hand and arm; commenced by numbness in the fingers, extending upwards, and becoming painful; feels most relief when holding it down as low as possible; has been affected for some time; has no use whatever of either the hand or arm; bowels regular; general health and appetite good.

Dr. Bache supposed this to be a case of partial rheumatism, for which she was ordered to be bled 12 oz. and take of the wine of colchicum root 10 drops every two hours; the hand and arm to be rubbed with volatile liniment.

**CASE II.**—Elizabeth R. colored, *æt. 52.* Has pain in the side and breast; shortness of breath; cough, which is increased by the horizontal position, and palpitation of the heart on making exertion; tongue pale; appetite middling; rests badly; looks quite fleshy, but complains of weakness; bowels irregular; was ill some time since, of an affection of the chest, for which she got bled.

This patient appeared to be suffering from an effu-

sion, the result, probably, of an ill-treated pectoral affection; directed to take a purge, *viz.*—

Potassæ Bitart.	3ij.
Pulv. Jalap.	grs. x.

Every day, and as an anodyne 10 grs. of powdered ipecac, and opium every night.

**CASE III.**—Miss Jane G., *æt. 42.* Always enjoyed good health until within the last three weeks, during which time she has suffered from a bad headache, itching of the lower extremities, and loss of appetite, and loss of power in her arms, not being able to use them as usual; rests well; is somewhat feverish; bowels constipated; pulse frequent.

Ordered to have 12 oz. of blood taken, and as a purgative to take three compound cathartic pills at bed time.

**CASE IV.**—John A., *æt. 22, weaver.* Looks pale, and somewhat emaciated; was affected with constipation some four weeks since, when he took salts and castor oil without being much relieved; has a hard cough, which is worse through the day, the expectoration being slight; loss of appetite, bad rest, frequent pulse, night sweats, and a bad taste in the mouth; tongue appears nearly natural; has felt chilly for four days past; been working in a damp cellar.

Advised to abandon weaving altogether, and when he gets better, adopt some other occupation.

Ordered three compound cathartic pills as a purgative to be taken immediately, and to relieve the cough, and procure rest, the following mixture:—

R. Pulv. Ext. Glycyrr.

Pulv. Acaciæ	<i>aa</i>	3ij.
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Vin. Antim.		f.3ij.
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Tinct. Opii		gtt.xl.
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Aquaæ		f.3iv.
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M. A tablespoonful to be taken occasionally.

**CASE V.**—Thomas A., *æt. 34.* First came under treatment on Wednesday, April 17th, at which time the prominent symptoms were pain in the side and breast; a harassing cough, with bloody expectoration; very frequent pulse, red tongue, and fever and sweating, with much emaciation. The treatment then ordered was, as an alterative, three grs. of iod. potassium three times a day in solution; a plaster of burgundy pitch with cantharides to be applied over the seat of pain; and to allay irritation and procure rest, a teaspoonful of the solution of sulphate of morphia at bed time. To-day the patient feels somewhat better; expectoration more free; rests better; pulse 152.

Directed to continue the treatment.

**CASE VI.**—James C., *æt. 26.* Has been under treatment for an affection of the spine in the lumbar region, the prominent symptoms of which were constant pain in the location indicated, attended with slight fever, loss of appetite, and constipation.

This day two weeks, was ordered to be cupped over the seat of pain. This measure affording no relief, he was ordered at the end of a week, to apply the following ointment to the spine, *viz.*—

R. Veratriæ grs.v.

Adipis	3ij.
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M. And to take a purge of three compound cathartic pills.

To-day complains of a slight cough; of resting badly, for the most part in the sitting posture, as the only one in which he is easy. Papillæ of the tongue inflamed.

Ordered to change the treatment to twenty drops of

the wine of colchicum root to be taken every two hours, increasing or diminishing the dose as the patient may bear it.

**CASE VII.**—Mary T., æt. 47. Has been under treatment for habitual vomiting and constipation, for which she was ordered to take a teaspoonful of white mustard seed three times a day, with one compound cathartic pill every night.

As she has experienced little benefit, was ordered to abandon the mustard seed, to increase the cathartic to two pills every night, and to take five grs. of the subnitrate of bismuth, three times a day.

**CASE VIII.**—Mrs. Eliza S., æt. 33. Complains of a bad cough, which is most troublesome at night; pain in the side and back, and shortness of breath; rests badly; bowels somewhat constipated; pulse natural; tongue whitish.

Ordered to take the liquorice mixture prescribed for case IV, and apply a plaster of Burgundy pitch and cantharides over the seat of pain.

#### BIBLIOGRAPHICAL NOTICES.

*Outlines of Pathology and Practice of Medicine.* By WILLIAM PULTENEY ALISON, M. D., F. R. S. E., Fellow and late President of the Royal College of Physicians of Edinburgh, &c. &c. Philadelphia: Lea & Blanchard, 1844. 1 vol. 8vo. pp. 424.

This is a work of no ordinary character;—one of those rare productions that exhibit on every page evidences of a well stored and thoroughly disciplined mind. Its distinguished author is the Professor of the Practice of Medicine in the University of Edinburgh, and this volume seems to have been prepared to be used as a text book by those attending his lectures; but however well it may be adapted for that object, it may be read with equal advantage by the oldest and best informed of the profession. We have seldom met with a medical work so remarkable for condensation. Although a great amount of matter is comprised in a comparatively small space, still nothing is incomplete, nothing obscure; and the language is as smooth as if elegance of style, and not mere brevity of expression, was the object to be attained. The author, from a consideration of the facts best ascertained in regard to the nature, progress, and symptoms of diseases, and the effects of remedies upon them, has endeavoured to simplify as far as possible, both the diagnostic marks of diseases, and the practical rules for their treatment—dwelling only upon those, an accurate knowledge of which may be acquired without much difficulty, and on which it has appeared to him, in practice, we can rely with most confidence. We are glad to find that he concurs with his illustrious countryman, Cullen, in maintaining that, “at all times the Practice of Medicine has been, and still is with every person (of intelligence) founded more or less upon certain principles established by reasoning.” To abandon this ground, is to embrace empiricism in all its protean forms. In the principles inculcated by our author, we find nothing that is not accordant with the best established facts in pathology and therapeutics; whilst the phenomena exhibited by disease, and the effects of remedies, are often presented in an aspect so new and yet so consistent and natural, as to forcibly impress the mind with relations not generally observed. We regret that we cannot offer to our readers

an analysis of the work—it is, in fact, itself an analysis of the subjects on which it is written, which could hardly be more condensed or better explained.

*The Practice of Medicine. A Treatise on Special Pathology and Therapeutics.* By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, etc., in Jefferson Medical College, Philadelphia; Lecturer on Clinical Medicine, and Attending Physician at the Philadelphia Hospital; Secretary of the American Philosophical Society, etc. etc. *Second Edition.* In 2 volumes. Octavo. Philadelphia: Lea & Blanchard, 1844.

Two years have elapsed since the appearance of the first edition of this work. In that short period, one large edition has been sold and another printed! This is substantial evidence of the opinion of the profession in this country in regard to its merits; nor has there been any lack of praise from the journalists of Europe. Those who have read the successive editions of the Author's works know that they are not mere reprints, one of another; but that the last is always better than the preceding. No author is at greater pains, by additions and careful revision, to render his productions faithful exponents of the latest improvements on the subjects on which he writes. The present work is emphatically of this character. Some additional articles have been introduced, some errors incident to a first edition corrected, and on every topic the latest facts and most approved views of pathology and therapeutics are introduced and discussed.

*Pathological Hæmatology. An Essay on the blood in disease.* By G. ANDRAL, Professor of General Pathology and Therapeutics in the University of Paris, etc. Translated from the French by J. F. MEIGS, M. D., and ALFRED STILLE, M. D. Philadelphia, Lea and Blanchard, 1844, 8vo. pp. 129.

This is an exceedingly interesting little work, the size of which, in fact, bears no proportion to the labour which it must have caused the author to produce it. Solidism, Humorism, and Vitalism, for a long time divided the cultivators of medical science, each to the exclusion of the others, without its occurring to the several advocates that all in turn might be right. Now, however, the truly philosophical investigators of pathology, seek for the manifestations of disease equally in the fluids and the solids, and in their dynamical condition. M. Andral has been engaged for a long time, alone, and co-operating with Messrs. De La Fond and Gavarret, in investigating the properties of the blood in disease. The present Essay may be considered as the conclusions at which he has arrived in the course of these investigations. It is divided into two chapters. Chapter I., “treats of the best method to pursue in the study of pathological hæmatology.” Under this head he notices briefly the distinguished physicians who in the earlier periods of our profession directed their attention to the blood in disease, points out the erroneous manner in which the subject was regarded, speaks of its condition in a physiological state, in the triple aspect of its physical properties, its chemical composition, and its microscopic constitution. Having established a standard condition in these respects, which, however, may vary within certain limits from other causes than disease, he proceeds in the succeeding

chapter to indicate, so far as observation has gone, the changes in these respects which take place in certain morbid conditions. Chapter II., after some general remarks "on the blood in diseases," is divided into Eight articles:

- I. Of the blood in Plethora,
- II. Of the blood in Anæmia,
- III. Of the blood in Pyrexia,
- IV. Of the blood in Phlegmasiæ,
- V. Of the blood in Hemorrhages,
- VI. Of the blood in Dropsies,
- VII. Of the blood in certain diseases commonly called organic,
- VIII. Of the blood in the Neuroses,

We have thus enumerated the subjects embraced in this Essay, that our readers may judge of the extent of ground which it covers. It contains indeed, a great amount of matter, well deserving of the attention of all who would fully comprehend the modifications that occur in the blood, as the cause or effect of disease.

*The Cyclopædia of Practical Medicine, Part III.*

The Editor and Publishers seem determined to bring this work to a close as speedily as possible. We have now three parts in about as many weeks. The present number (part iii.) contains two articles, from *BATHING* to *CHOLERA*, and is fully equal to those which have preceded it.

## THE MEDICAL EXAMINER.

PHILADELPHIA, MAY 18, 1844.

In the last number of the New York Journal of Medicine, in reply to some animadversions of our friend of the Bulletin of Medical Science, the Editor seeks to excuse himself by pleading our example; thus: "If there has been any *boasting*, it was commenced in the Philadelphia Examiner of the 27th January; and this demanded a reply in self-defence."—*N. Y. Journal*, May, 1844, page 426.

Our remarks, to which so much exception has been taken, were as follows: "The means of Clinical Instruction afforded by Philadelphia are yearly becoming more developed. With the exception of Paris and London, in no city perhaps, at this moment, is greater attention paid to Clinical Medicine, or better opportunities presented to students for acquiring a practical knowledge of the medical profession." Now if this be boasting, we cannot help it. As a journalist, we feel bound to state the case as it really is; and we believe most firmly, that, instead of exceeding, the above statement is even short of the truth. The opinion was not expressed at random, but after careful inquiry, and we have learned nothing since to alter, but much to confirm it. But let us see whether the *boasting* commenced in the Philadelphia Examiner. In the New York Journal of July 1843, page 142, we find the following statement: "The New York Hospital is the largest of its class in this country, having ample accommodation for at least three hundred and fifty patients.

The diversity of diseases presented here is *UNSURPASSED*, and, indeed, *UNEQUALLED*, by any similar institution either in this country or in Europe!" Is there no boasting in that? Let it be remembered that this, with other like expressions contained in the same article, was published nearly seven months before those in the Examiner. By turning to the Examiner of the 4th instant, the reader will find an account of the New York Hospital, derived from the official Report of the Governors, by which he will be able to form his own opinion of the magnitude of that "*un-surpassed*" and "*unequalled*" Institution. Whether we are addicted to boasting or not, our readers must judge; but we think they will not often find in our pages such magniloquent terms as "*vast*," "*unlimited*," "*un-surpassed*," "*unequalled*," &c.

One more correction we must make, and then we shall close this subject for the present, hoping that we shall not have occasion to resume it. In the last number of the New York Journal, page iii. of the Editor's address to his Patrons, we find the following very erroneous and not very liberal statement; viz.: "The Philadelphia Hospital, or Blockley, as it is across the Schuylkill, and perhaps three miles distant, cannot be available for the purposes of clinical instruction. We refer here exclusively to the great body of students, who have not the advantage of extra courses of lectures."

What is meant by the last sentence we are at a loss to discover. Certainly all who visit the Hospital have the advantage of "*extra courses of lectures*," and that is just the reason why they go there. With regard to the statement that the Hospital is not available for clinical instruction, nothing can be further from the truth, and we are astonished that our brother of York should have fallen into the mistake. If he could be at the Colleges on the Wednesdays and Saturdays during the winter courses, and see the hundreds of students crowding into the omnibuses that convey them to the Hospital, or view them sitting for hours in its great amphitheatre, witnessing the operations that are performed, and listening to the able and instructive lectures that are there delivered, he would have more accurate knowledge on the subject. The Hospital is not "*three miles distant*," but if it were, comfortable conveyance by carriages is provided without additional cost to the students, and they would be nothing loath to ride twice as far, we presume, on the same terms.

From the Report of the Auditors by whom the accounts of the Philadelphia Hospital were settled, for the year 1843, it appears that two thousand four hundred and twenty one dollars were received from students of medicine; and according to the Report of the Governors of the New York Hospital, page 6, the amount received at that institution for students, was eight hundred and nine dollars—just about one-third the amount at the Philadelphia Hospital.

Now for the *patients* in the two Institutions.

The number of medical and surgical cases in the Philadelphia Hospital, we are informed by the Secretary of the Managers, Mr. Robbins, is at no time less than three hundred, exclusive of the lunatics, and

those in the children's asylum; the general average being from four to five hundred. The official report of the New York Hospital states, "the number of patients in the Institution on the 31st of December, 1842, was one hundred and ninety-eight." Where facts are at hand, there is little occasion for boasting.

## RECORD OF MEDICAL SCIENCE.

### MR. PAGET'S REPORT CONTINUED.

*Formation and structure of the membranes, &c.* M. Serres, in a paper read before the Institute of France, and in subsequent discussions, has maintained the view of Pockels, that the embryo is outside the amnios to the fifteenth or twentieth day, and that the amnios up to this time is a free vesicle, in which the embryo dips and envelopes itself (exactly as the ovum is supposed to envelope itself in the decidua) in a double sac. He adds, further, his belief that the allantois of the human embryo, having its pedicle immediately in front of the caudal prolongation, and at a distance from that of the umbilical vesicle, cannot be regarded as produced by a retroversion of the intestine, but has its origin in the corpora Wolffiana, whose existence in the human embryo he considers he has fully demonstrated. His view was supported by preparations, but in the discussions which followed the reading of the memoir, MM. Coste and Velpeau maintained each his own previous view of the matter, and said that the preparations did not demonstrate that of M. Serres.

Mr. John Dalrymple has described and figured the minute vessels of the vitelline membrane and allantois of the chick. Of the vitelline membrane he says, that immediately around the remains of the vitelline area are seen on the internal surface of the yolk-sac the commencement of a series of radiating folds, which as they advance dip deeper and deeper into the interior of the sac, and separate more widely from each other. When the vitelline cells are completely removed, it is seen that vessels alone constitute the framework of these folds, the large trunks forming their bases, while innumerable lesser branches dip deep into the interior of the sac, inoculating repeatedly, and terminating in a series of very tortuous branches, which fringe the extreme edge of each fold. Numerous simple loops are observed shooting from the sides of the larger trunks; and if we conceive each trunk and every small vessel thickly covered with an aggregated arrangement of vitelline globules or nucleated cells, which conceal the vessels and colour them bright yellow, we shall have a true idea of the appearance of these folds previous to the manipulation necessary to display the injection.

In the allantois Mr. Dalrymple says there is a very minute distribution of equal-sized capillary vessels throughout its inner layer, forming an uniform vascular surface covering the large trunks as well as the interspaces of their divisions; and the anastomoses of the capillaries are so numerous and close that the areas they leave do not exceed the diameter of the vessels themselves. From the similarity of this arrangement of vessels to that found in the lungs of the frog, salamander, &c., he thinks evidence may be adduced for the supposed respiratory function of the allantois.

Mr. F. Renaud, confirming (as nearly all now do) E. H. Weber's description of the arrangement of the

vessels of the placenta, points out as a chief source of fallacy in the examination of these structures, the rapidity with which the villi of the chorion absorb water, and are distended and confused by it.

M. Elsaesser has found in 144 foetuses either born dead or living only a month, that in fifty-two born dead (of which forty-eight were mature and four immature), the ductus arteriosus, ductus venosus, and foramen ovale were all open forty-eight times. In four (one immature) the foramen ovale was closed, the others open.

In ninety-two dying in the first four weeks (of which twenty-two were premature) all the passages were open in fifty-eight. In eighty the foramen ovale was open; in seventy-seven the ductus arteriosus; in sixty-five the ductus venosus.

The most common mode of closure is: 1. The ductus venosus, beginning at the vena portæ. 2. The ductus arteriosus beginning at the middle. 3. The foramen ovale by the application of its edges. Even later than four weeks any of them may sometimes be found partly open.

### LACTATION.

M. Mandl confirms the view of Henle and others in regard to the perfect milk-corpuseles, proving the existence of an external membranous envelope by rubbing the corpuseles between glasses. The oil-globules are set free, and the torn membranes are unrolled and flattened.

M. Raciborski has examined the question of the influence of menstruation on the secretion of milk, and has found that it is unimportant. The only difference between the milk of nurses who do, and those who do not menstruate, is that in the former the proportion of cream is rather less in the menstrual period than it is in themselves in the intervals, and than it is generally in non-menstruating nurses.

### PHYSICAL HISTORY OF MAN.

*Characters of the Egyptian and Negro races.*—Dr. S. G. Morton has made observations on one hundred crania of ancient Egyptians, obtained at seven sepulchral localities from Memphis in Lower Egypt to Deboud in Nubia. He classes them as 1. *Arcto-Egyptians*, including the purer Caucasian nations, as seen in the Semitic tribes of Western Asia, and the Pelasgic of Southern Europe. 2. *Austro-Egyptians*, in which the cranium blends the characters of the Hindoo and Southern Arab; which people, the author thinks, were ingrafted on the original population of Ethiopia, and thus gave rise to the celebrated Meroite nations of antiquity. 3. *Negroloid*, in which the osteology of the crania corresponds to the Negro; but the hair, though harsh, is long and smooth, like the present Mulatto grades. 4. *Negro*.

The lines between these could not be exactly drawn. But in the one hundred skulls there might be reckoned fifty-six Arcto-Egyptians, twenty-eight Austro-Egyptians, six Semitic, seven Negroloid, one Negro, and two doubtful.

He deduces, therefore, 1. That Egypt was originally peopled by the Caucasian race. 2. That the great preponderance of heads like those of the purer Caucasians suggests that the valley of the Nile derived its primitive inhabitants from one of these sources. 3. That the Anstral-Egyptian or Meroite communities were in great measure derived from the Indo-Arabian stock; thus pointing to a triple Caucasian source for the origin of the Egyptians, when regarded as one people extending from Meroe to the Delta. 4. That the Negro race exists in the catacombs in the mixed or Negroloid character: that even in this modified type their presence is compara-

tively unfrequent; and that if Negroes, as is more than probable, were numerous in Egypt, their social position was chiefly in ancient times what it now is, that of plebeians, servants, and slaves.

*Stature.*—Some very interesting observations on the stature of man have been made by Mr. A. Shaw. He shows that rickets not only produces softening of the bones, but arrests growth; and this in the lower extremities much more than the upper, so that the child-like form, characterized by largeness of the head, trunk, and upper extremities, is persistent. These three parts are in persons stunted by rickets reduced only by 1-13 of the natural size; but the pelvis and lower extremities are reduced by 1-3. There is, therefore, an *arrest of developement* in regard to proportion of form.

This is shown further in that the proportion of size between the cranium and face remains as in childhood; the former being always *proportionally* large, though *absolutely* not so large as in the well-formed adult. The proportions are in the child as 8:1; in the well-formed adult as 6:1; in the rickety adult as 7 1-13:1.

On the other hand, where growth is preternaturally active, as in giants, the lower half of the body is the part which is most increased, and it acquires disproportionate length. And in these, the cranium, though absolutely large, is, relatively to the face, small; e. g., in the skull of O'Byrne, the giant eight feet high, in the museum of the Royal College of Surgeons, the proportion of the size of the head to that of the face is only as five to one.

*Varieties of the pelvis.*—Dr. Knox, in his "Contributions to Anatomy and Physiology," shows that many or all the national peculiarities of the form of the female pelvis, as well as many of those which are regarded as malformations, are to be regarded as due to the foetal form of the pelvis being more or less persistent. The foetal form "is more quadrilateral than oval or rounded, and its antero-posterior diameter is the longest: it has the form, in great measure, of the pelvis of the quadruped and quadrumanous mammal, of the human male generally, and of certain ill-formed human female pelvis." When the persistence in this form exists on one side only of the pelvis, it produces the *pelvis ovata* of Naegle. Its more common effect when existing on both sides is to produce the not unfrequent narrow quadrilateral form of female pelvis; but when it exists in an extreme degree on both sides, it may produce, as in a pelvis in Dr. Outrepont's collection, a kind of a double Naegle's oblique pelvis—one with a very long conjugate diameter, but very narrow in front—almost like a seal's pelvis.

He gives cases also of relaxation of the ligaments of the symphysis pubis in delivery.

#### PARISIAN INTELLIGENCE.

M. Guersant, senr., speaking of a patient then in one of his wards at the Children's Hospital, says, "if, in certain cases, typhus begins with diarrhoea, it is probably because, in addition to the inflammation of the extremity of the ileum and the other derangements, whether local or general, there exists inflammation of the mucous membrane of the large intestine; that the rumbling in the bowels is not peculiar to typhus, for it is observed in entero-colitis, and when the person has taken an enema a short time previous; that when typhus begins with dysenteria, nausea and vomiting do not exist; that sudamina are to be perceived not only in this disorder, but likewise in all those in which abundant perspirations take place;

that the petechiae, or papulae, seldom appear before the second stage, and generally towards its close or at the beginning of the third; that the dicrotic pulse is rarely to be met with in children, and exists principally in adults; that in fatal cases, patients are carried off as often by the derangement of the lungs as by the original malady; and that the alteration in the blood is one of the causes which increases the danger attendant on bronchitis, by the congestion it favours, if not produces, of the lungs.

Professor Roux presented some reflections on the case of a patient operated upon some time ago for popliteal aneurism, by the ligature of the femoral artery, in consequence of several accidents which had developed themselves, and which rendered the ligature of the external iliac absolutely necessary. The wound was swollen, of a dark red colour, and bled copiously; above it was a considerable tumour, accompanied by a *pastiness* of the surrounding parts, and pulsations similar to those observed in aneurism, which ceased on pressure of the external iliac. The haemorrhage proceeded, in all probability, from a small crack in the femoral artery, through which the blood escaped into the neighbouring cellular tissue, and formed a species of tumour. The swelling increasing in size, and the skin over it becoming erysipelatous, Professor Roux considered the ligature of the external iliac as the only means of averting the danger, "This," continued the skilful operator, "is the first time I have had an opportunity of performing it, notwithstanding my long surgical career. Abernethy was the first who, in the beginning of this century, performed the operation, but soon had numerous imitators in England and America, where popliteal aneurism, with a diseased state of the femoral artery, necessitating the ligature of the external iliac, is far more frequent than in France, probably on account of the greater muscular efforts to which workmen are exposed. As to the operation, the following ought to be preferred:—the parts are divided by a rectilinear incision, forming an acute angle with Poupart's ligament, taking care not to wound the epigastric or the circumflex iliac arteries, and their branches. The cylinder of Sparadrap is prejudicial by the phlegmonous inflammation to which it sometimes gives rise, and ought not, therefore, to be employed; besides, the artery being constantly on the stretch, it will be advisable to place two ligatures on it as far apart as possible, and divide it in the interval, according to the method recommended by M. Maunoir, of Geneva. For some days the patient appeared to be improving; the temperature of the limb was natural, probably owing to the dilated state of the collateral branches produced by the first operation, when of a sudden he was seized with violent haemorrhage. To discover the cause, an incision was made over the femoral artery, by which a great quantity of blood escaped, and was stopped by the ligature of the vessels altogether. The patient, however, died 8 hours after, whether from the excessive loss of blood, or from the nervous disturbance caused by the operation, it is difficult to say. Consecutive haemorrhage generally comes on at a much earlier period than in the present case, and is produced—1st, by accidents, or peculiar local causes; 2d, by a predisposition, or species of general diathesis: in the former, it may be considered as primitive, in the latter, as secondary." *Post-mortem* examination, performed by Professor Roux himself—dissection of the diseased limb: "The skin covering the popliteal aneurism was thinner than usual, and beneath it was a thin layer of the muscles of the thigh. The tumour about the size

of the fist, when opened, was found to contain blood, having the consistence and appearance of currant jelly. It was situated at the beginning of the popliteal artery,—a circumstance seldom to be met with, the disease generally developing itself first lower down. The crural artery, dilated in the groin, was so firmly united to the vein and the surrounding parts, that it was difficult to say exactly whence the last haemorrhage proceeded; the external iliac was in its normal state, and the two ends of the divided artery were easily discovered." In conclusion, the professor asked, "whether in cases in which the femoral artery is simply dilated, the ligature ought, in the first instance, to be placed on the external iliac? Without having any decided opinion on the subject, I should say, that it would be advantageous to begin by tying the femoral, in order to allow the collateral branches to become sufficiently large to carry on the circulation after the ligature of the external iliac, removing thus one of the causes of danger attendant upon the last operation. This idea deserves attention, the more so, as, at the present moment, the method preconised by Brasdor, and employed so successfully by Wardrop, seems to be coming into vogue."

Professor Velpeau in fractures of the neck of the femur, has, for the last 15 years, successfully adopted the mode of treatment recommended by Astley Cooper and Lallement, which consists in leaving the cure of the broken bone to nature: keeping the patient in bed for a fortnight, allowing him to sit up in an arm-chair, then to walk about with crutches, afterwards with a stick, and finally alone. The cure, by this method, is obtained, in the course of two months. In some cases, for instance in extra-capsular fractures, an apparatus may be employed, but splints ought to be rejected on account of the pressure they exercise on the parts. The dextrine bandage ought to be applied very carefully, so that, when dry, it may be sufficient to sustain the limb, and keep it in its natural position.

*Fractures of the Pelvis.*—One kind of fracture of this part, omitted by Boyer in his "Traité des Maladies Chirurgicales," is worthy of attention: viz. Fracture of the Acetabulum which Professor Velpeau has met with five or six times. It is generally caused, in young persons, by a fall on the knee and feet, which, in an adult, would produce fracture of the neck of the femur.—*Symptoms:* Limb shorter than in its natural state, and cannot be extended; pain deeper seated than in fractures of the neck; foot turned inwards, but less than in the last disease; mobility of the pelvis. When free of complication, such as rupture of the bladder, rectum, uterus, or some other internal organ, or irritation produced by splinters of the bone, which are forced inwards, it may be considered as not very dangerous. In the treatment the only indication is to keep the pelvis perfectly motionless, by a bandage properly applied.

The same Professor has just published a memoir on the sub-cutaneous rupture or crushing of tumours in general, and principally of sanguineous tumours. The method consists in crushing the tumours by means of pressure exercised by the thumb, or, if that be insufficient, by placing on the swelling a flat piece of wood, on which a smart stroke may be given. Its great advantage is, that it cures the disease instantaneously, and ought therefore to be preferred to the simple or sub-cutaneous incision. The following conditions are necessary to render the cure more certain: the tumour ought to be placed on a surface which offers a certain degree of resistance—not to exceed the size of the fist—not to be of very long

standing. Under similar circumstances, they are easier cured when accidental than when natural. By crushing an encysted tumour, it is brought to a state of infiltration, and is, therefore, easily absorbed. In concluding, the Professor passes in rapid review the different sorts of tumours to which this method may be applied, and says "that relapses generally take place in synovial and serous cysts,—that meliceris is refractory, as the contents cannot be absorbed,—that a steatoma may be cured by crushing, but only when small,—that when employed in enlarged lymphatic glands, the cure forms the exception."

Let the following be a warning to mothers, while suckling, not to give way to angry passions! A nurse, after going into a violent passion, on account of a family quarrel, gave the breast to her child, aged two months, and which had, until then, been in perfect health. Immediately after, the infant was seized with convulsions, which carried it off in the course of a short time.—*London Medical Times.*

#### OPERATION FOR HARE-LIP.

Mr. Fergusson's opinion is, that under all circumstances, the best period for operating is immediately after suckling, provided the patient is otherwise in good health, and does not suffer from teething. It is usually a very safe operation at all periods of life.—*Ibid.*

#### THE EPIDEMIC AGUE, OR FAINTING FEVER OF PERSIA.

Dr. Bell, physician to her Majesty's mission at Persia, has published an account of this disease, with which four-fifths of the inhabitants of Teheran were attacked, and above one-sixteenth of the whole population died of it. It presented some points of analogy with the cholera asphyxia in its nature and habits, and pursued the same north-westerly course which that epidemic took some years since, when it visited Europe. Although dangerous when left to maturity, it is most amenable to treatment. It is essentially a quotidian ague. The following are the principal modes in which it produces its dangerous or fatal effects: general venous congestion, and consequently impeded action of the heart and cessation of the circulation, sudden effusion into the lungs, exudation from the capillaries generally into the cellular tissue, diseased spleen, constantly recurring ague, general dropsy, and failure of the powers of life. There may have been other causes, but these Dr. Bell was unable to note, from not having been able to obtain post mortem examinations. There were several varieties of the disease, more or less marked in their character, the more severe merging into true cholera. The treatment consisted in the exhibition of quinine with iron and sulphate of magnesia, and in bleeding from the arm, where requisite. The blood generally presented characters similar to those noticed in cholera.—*Ib.*

#### OBITERATION OF THE CAVITY OF THE TUNICA VAGINALIS TESTIS.

Dr. Knox, in his contributions to Anatomy and Physiology, states that during the last eight or ten years he has seen in his dissecting rooms four or five cases of obliteration of the cavity of the tunica vaginalis testis, unconnected, as far as he could ascertain, with any operation or accident. The cavity was entirely obliterated, there not being any other morbid appearance; near the central portion, the tunic presented the characters of common cellular tissue. Dr. Knox adds that he agrees with Portal in believ-

ing that adhesions of serous membranes, so extensive as to obliterate their cavity, may take place without inflammation; this he has seen occur twice with reference to the pericardium.—*Ib.*

#### DEATH OF SIR HENRY HALFORD.

At the mature age of 78, and capable of exercising his profession, with vigour, till a year ago, died Sir Henry Halford, the most eminent Physician in England—if the most extensive practice among the highest ranks in life be any criterion of evidence. Contemporary with Baille, the two stars of the medical horizon shone with nearly equal lustre; but with different kinds of light. Dr. Baille was sought for his real knowledge of MORBID ANATOMY, and his supposed knowledge of pathology, two things as different as cause and effect. His great competitor preferred no claim to deep science in either anatomy, physiology, or pathology; but he had a quick apprehension, an elegant address, a ready explanation for every phenomenon, a facile prescription for every symptom—in one word, he had TACT, of a very superior kind, which counterbalanced, and more than counterbalanced, all the drudgery of the dead-house, through which Dr. Baille had waded.

Then again, his polished manners, his classical education, and his double refined powers of flattery, gave him infinite advantage over his plain, homely, and unpolished rival, among the Royalty and the Aristocracy of the Kingdom, male and female. Dr. Baille was summoned in dangerous cases, through fear rather than favour; but Sir Henry was generally there long before the disease came to that pass, and consequently had the cream of the jest, while the pathologist had merely the honour of taking precedence of the undertaker.

Sir Henry's career lasted half a century, while that of Baille ran only about 25 years. His figure was slight and elastic, his countenance animated and cheering; his activity of mind and body remarkable, and he had the art of inspiring hope in the breast of the expiring sufferer.

Of late years, his advanced age, his separation from Court, the death of most of his old patients, and the pressure of a redundant doctorate, curtailed greatly the range of his practice; but it is probable that he realized more money by his profession than did any physician since the days of Hippocrates. Quiescat in pace!—*Med. Chir. Rev.*

#### ON THE TEMPERATURE IN CHILDREN.

At the Academy of Sciences 26th December, Dr. H. Roger read a memoir on the temperature of children in health and during disease. Professor Bouillaud was the first who employed the thermometer, to discover the degree of the temperature of the patient during disease. Since then Mr. Donné has published some remarks on the state of the pulse and respiration during disease, compared with the temperature. Professor Pierry in his treatise on diagnostics states, that in health it is  $104^{\circ}$  F.; in prurigo without fever  $108^{\circ} 75$ , and in typhus  $117^{\circ}$ ; and lastly, in his lectures, Professor Andral pointed out the state of the temperature in adults. The end the author proposes to attain is, 1st. to point out the modifications produced by disease in the temperature of children. 2nd. to search out the laws which may be deduced from these facts; and 3rd. To make use of the laws for the diagnostic. But before indicating the state of the temperature of the child during disease, it is necessary to fix precisely the degree when in health, thus, *on coming into the world*, the thermome-

ter placed in the axilla marked in one case  $100^{\circ}$  and in another  $98^{\circ}$ . *Three minutes after* it descended to  $96^{\circ} 80$ , then  $95^{\circ} 90$ , and finally  $95^{\circ} 45$ . The next day it was as on coming into the world. On thirty-three children from one to seven days old, the average was  $98^{\circ} 60$ ; a greater activity in the circulation, male sex, &c. seemed to produce a slight elevation. On twenty-five, from four months to fourteen years old, the maximum was  $100^{\circ}$ , the minimum  $98^{\circ}$ . As to the circulation, digestion, and respiration, they seem to be without any influence.—*London Med. Times.*

#### OSTEOSARCOMA AND ENCEPHALOID TUMOUR OF THE FORE-ARM.

A young countryman, who had upon two occasions\* received a severe kick from a horse on the right forearm, was admitted into the Hospital Saint Jean, at Brussels, having a tumour on the injured parts as large as a full-sized fetal head, with three projections on it, where an obscure fluctuation, resembling that afforded by a gelatinous mass, could be felt, and where the skin was on the point of breaking. The largest of these was opened, and black clotted blood evacuated. By a slight degree of compression, several ounces of a black, shining, thick fluid were obtained from it, having masses of different size resembling melted fat, floating in it. The evacuation of this fluid was always followed by venous hemorrhage. Erysipelas and sphacelus next attacked the poor fellow, and the hospital surgeon deemed it requisite to perform amputation, which however failed in saving the patient's life. He died a fortnight afterwards. On examination of the arm, subcutaneous and other tumours were discovered, of an encephaloid and cancerous nature. The lungs, liver, and spleen were studded with purulent deposits. The venæ cavæ and lining membrane of the right side of the heart were inflamed.—*Ibid.*

#### ABERRATION IN THE APPRECIATION OF COLOURS.

Dr. Boys de Loury published the following case in the *Revue Medicale*:—Mr. H— was obliged to give up his business as a dyer on account of his being incapable of distinguishing the different colours. The orange was yellow, a bit of brown and orange-coloured silk was of a uniform darker yellow, apricot was yellow, lilac was blue, violet was grey; garance, crimson, vermillion, were all violet; rose was a dirty white, brown was black. The author, after passing in review the different causes, thinks that it ought to be attributed to an atrophy of the retina.—*Ibid.*

#### CURE OF BURNS.

Dr. Fenaille proposes the following remedy in the treatment of burns. After opening the vesicles, if they are formed, the part is dipped in cold water and then plunged, still wet, in flour, keeping it there for a minute or two; by this means a certain quantity adheres to the part and prevents the access of the air. It is remarkable that the flour falls in scales from the surrounding parts the next day, whilst on the burn it remains adherent.—*Ibid.*

#### STATUE OF VESALIUS.

A colossal statue of bronze, 11 feet high, will be erected to André Vesalius, in one of the public squares of Brussels, his native town, on the 18th July 1845.